Storm Drain Tracking Form

Organizer’s Name: __________________________________________________________

Address: __________________________________________________________________

E-mail: __________________________________________________________________

Name of Group: __________________________________________________________________

Number of Participants: __________ Date of Event: _____________________________

What motivated you to organize a storm drain marking activity? ______________________
____________________________________________________________________________
____________________________________________________________________________

Streets where markers were applied: (continue on back if more space is needed)
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Number of storm drain markers applied: ___________ Hours Worked: ______________

What ages were your participants?

□ adults only  □ adults with children or teenagers

Was the equipment easy to use?  □ yes  □ no

Would you recommend storm drain marking to others?  □ yes  □ no

Additional comments or suggestions: __________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Please send to: Adopt-A-Pond Program
                Specialized Services
                2420 N Falkenburg Rd.
                Tampa, FL 33619
                Fax (813) 744-5674